U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E	S NO 15000							
1. File N	lumber U - 734/6			gerie	ear Covered From:	004 Through:	12 / 31	2004
3. Name	e and address of person filir	ng.		4. Name,	ile number, and add	ress of labor orga	nization.	
Name	Larry	P Yarnell	us the state of th	Labor O	Const. & Gen1	ber 018-798		No. 264
P.O. B	ox, Bldg., Room No., if any	Suite 103	N N N	P.O. Bo	x, Building and Roor	n Number, if any	Suite 103	
Street	1101 East 87th S	treet		Street	1101 East 87t	h Street	end nizame (s.) populari ender por la completa de la completa del la completa de la completa del la completa de la completa del la compl	
City	Kansas City			City	Kansas City			
State	Missouri	ZIP Code + 4 641	31-2757	State	Missouri		ZIP Code + 4	64131-2757
moneta	ary value from an employ	in transactions (including loa yer whose employees you including trade name, if any).	ans) with, or r organizati	on repres	ome or other econents or is actively see of Interest, Transa	eeking to repre	sent.	
	Name, if any:			7.b. Amo	unt.	agraggaggen god der delt Steve un um m 15 Steve		
City State		ZIP Code + 4	e meneran en		Grant comments of the control of the			
Signature								
cubo	nitted in this report (including rsigned's knowledge and be	The undersigned declares, un the information contained in a slief, true, correct, and complet	ny accompan e. (See the se	vîna docum	ents), has been exam	ined by the signa	that all of the in tory and is, to th	formation te best of the
Sigr	ned Kas	ry f Garne	<i>f</i>	On .	08/09/2005 Date	816-361-10	000 Telephone Numb	Der

Name of Person Filing Larry Yarnell	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Greater Kansas City Laborers Training Fund Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer		
Street 8944 KAW DRIVE	**************************************		
City KANSAS CITY			
State Kansas ZIP Code + 4 66111			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Provides training for LIUNA members affiliated with the Western MO & Ks Laborers' District Council.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing. \$9,160		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4	Reimbursement of expenses for attendance of the Tri- Fund Conference held in Orlando Florida on January 18 thru 20, 2004 of which I serves as an alternate trustee for the Greater Kansas City Laborers' Training Fund.		
	12.b. Amount. \$1,597		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).			
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City State ZIP Code + 4			
	14.b. Amount of payment.		
13.b. Is the Business an Employer or Consultant?	and the same and t		

Name of Person Filing Larry	Yarnell	File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Arnold, Newbold, Winter & Jackson, P.C.	a. Labor Organization		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Suite 1600	b. Trust		
Street 1125 Grand Boulevard	c. Employer		
City Kansas City			
State Missouri ZIP Code + 4 64106-2503			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name The state of the state	Provides legal services for Local Union, Employee Benefit Funds, and Employee/Contractor Trust		
Trade Name, if any:	departments.		
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$2,710	
	12.a. Nature of interest held or income received.	што в приму и менениции в в мустере в пиштив з в потру в периодизара з потруде в республение в писте в приму в	
	Receipt of Christmas Gift card in below on or about December 15, 200		
		Constant of the Constant of th	
	12.b. Amount.	\$50	

Name of Person Filing Larry	Varma I I	File Number U-
Manie of Classic and Larry	idilett	

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name GKC LABORERS APPRENTICESHIP PROGRAM Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 8944 KAW DRIVE City KANSAS CITY State Kansas ZIP Code + 4 66111	a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	Provides training for LIUNA members affiliated with the Western MO & Ks Laborers' District Council.
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$9,160
	12.a. Nature of interest held or income received. Attended with my wife, the Apprenticship Graduation for the Western Missouri Laborers District Council Joint Apprenticship Program as a representative of the graduating apprentices of Local Union No. 264 held June 6, 2004.
	12.b. Amount. \$114